MAXIMUS Federal Services

Case Number:	CM14-0129123		
Date Assigned:	08/18/2014	Date of Injury:	08/01/2013
Decision Date:	10/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical Records reflect the claimant is a 44 year old male who sustained a work injury on 8-1-13. The claimant underwent a right knee arthroscopy on 1-29-14 and repeat arthroscopy was authorized. Office visit on 7-23-14 notes the claimant was seen for preoperative evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME: Hospital Bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA clinical policy bulletin number 0543

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare coverage guidelines

Decision rationale: Medicare coverage guidelines reflect that DME hospital beds is indicated if the patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; or the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. There is an absence in documentation noting that this claimant's condition

meets any of the requirements indicated per Medicare to support the requested hospital bed. Therefore, the medical necessity of this request is not established.